



Department of Community Development
35 Sockanosset Crossroad Unit #6
Cranston, RI 02920
Phone (401) 780-6230 Fax (401) 943-3966

Contractor's Application

Attach copies of Rhode Island Contractors Registration Card, Insurance Binders, Driver's License and copies of all Lead Licenses held.

Date Application Submitted:
Contractor Name: Title:
Business Name: Address:
City State: Zip: Telephone Number:
Corporation Partnership Individual Tax ID #:
Email address: Website:
Are you a General Contractor? Yes No Years in Business _____ # of Employees _____
Primary Work/Specialty:
Insurance Co:
Address: City: State: Zip:
Coverage: Liability \$ Property Damage \$ Workman's Comp \$

MUST HAVE DECLARATION PAGE OF INSURANCE FAXED TO 401-943-3966

List the Licenses you currently hold:
Type: Lic #:
Type: Lic #
List the names of subcontractors you regularly use on jobs:
Name: RI Reg # Type of Work:
Name: RI Reg # Type of Work
Lead Certified Yes No

Lead Hazard Reduction Contractor Lic. #
Lead Safe Remodeler/Renovator Lic. #